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TO: Commissioner of Patents
FAX NO.: 571-273-8300
FROM: Robert M. Brush, Esq.
DATE: December 8, 2005
MATTER: U.S. Serial No.: 10/766,976 filed: January 29, 2004
DOCKET NO.: SAR/14948
APPLICANT: Chang, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input type="checkbox"/> Fee Transmittal (2 copies)
<input type="checkbox"/> Priority Document	<input type="checkbox"/> Deposit Account Transaction
<input checked="" type="checkbox"/> Response	<input checked="" type="checkbox"/> Facsimile Transmission Certificate dated <u>December 8, 2005</u>

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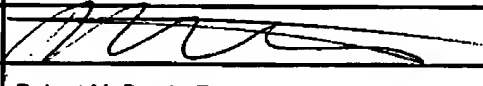
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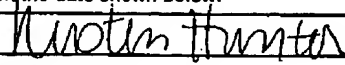
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/766,976
		Filing Date	1/29/04
		First Named Inventor	Chang
		Art Unit	2623
		Examiner Name	Brian Q. Le
Total Number of Pages in This Submission		Attorney Docket Number	SAR 14948

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
Remarks It is believed that no fee is required in this response. If I am mistaken and a fee is due, please charge the fee to Deposit Account 20-0782. To facilitate a charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Patterson & Sheridan LLP		
Signature			
Printed Name	Robert M. Brush, Esq.		
Date	December 8, 2005	Reg. No.	45,710

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Signature			
Typed or printed name	Kirsten Hunter	Date	December 8, 2005

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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE****PATENT APPLICATION**Applicants: **Chang et al.**Filed: **January 29, 2004**Case: **SAR 14948**Group Art Unit: **2623**Serial No.: **10/766,976**Examiner: **Brian Q. Le**Confirmation No: **4351**Title: **Stereo Vision Based Imminent Collision Detection**Mail Stop: AF
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12-8-2005
DateKirsten Thurst
Signature

SIR:

RESPONSE TO FINAL OFFICE ACTION DATED 8 SEPTEMBER, 2005

This Response addresses the Final Office Action dated September 8, 2005. The Final Office Action has a shortened statutory period for response set to expire on December 8, 2005. Please enter this response and reconsider the claims pending in the application for reasons discussed below. Applicants believe that no additional fees are due in connection with this response. However, the Commissioner is hereby authorized to charge counsel's Deposit Account No. 20-0782, for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the USPTO.